

Certificate of Notice Page 1 of 5
 United States Bankruptcy Court
 Eastern District of Pennsylvania

In re:
 James J. Aquilino
 Debtor

Case No. 20-10213-mdc
 Chapter 13

CERTIFICATE OF NOTICE

District/off: 0313-2

User: PaulP
 Form ID: pdf900

Page 1 of 1
 Total Noticed: 2

Date Rcvd: Jul 09, 2020

Notice by first class mail was sent to the following persons/entities by the Bankruptcy Noticing Center on Jul 11, 2020.

db +James J. Aquilino, 411 Eldon Drive, Broomall, PA 19008-4139
 14468603 +Marple Township, c/o Jason J. Leininger, Esquire, Portnoff Law Associates, LTD,
 P.O. Box 391, Norristown, PA 19404-0391

Notice by electronic transmission was sent to the following persons/entities by the Bankruptcy Noticing Center.
 NONE. TOTAL: 0

***** BYPASSED RECIPIENTS *****

NONE.

TOTAL: 0

Addresses marked '+' were corrected by inserting the ZIP or replacing an incorrect ZIP.
 USPS regulations require that automation-compatible mail display the correct ZIP.

Transmission times for electronic delivery are Eastern Time zone.

I, Joseph Speetjens, declare under the penalty of perjury that I have sent the attached document to the above listed entities in the manner shown, and prepared the Certificate of Notice and that it is true and correct to the best of my information and belief.

Meeting of Creditor Notices only (Official Form 309): Pursuant to Fed. R. Bank. P. 2002(a)(1), a notice containing the complete Social Security Number (SSN) of the debtor(s) was furnished to all parties listed. This official court copy contains the redacted SSN as required by the bankruptcy rules and the Judiciary's privacy policies.

Date: Jul 11, 2020

Signature: /s/Joseph Speetjens

CM/ECF NOTICE OF ELECTRONIC FILING

The following persons/entities were sent notice through the court's CM/ECF electronic mail (Email) system on July 9, 2020 at the address(es) listed below:

REBECCA ANN SOLARZ on behalf of Creditor Elizon Master Participation Trust I, U.S. Bank Trust National Association, as Owner Trustee bkgroup@kmllawgroup.com
 ROBERT H. HOLBER on behalf of Debtor James J. Aquilino rholber@holber.com
 United States Trustee USTPRegion03.PH.ECF@usdoj.gov
 WILLIAM C. MILLER, Esq. on behalf of Trustee WILLIAM C. MILLER, Esq. ecfemails@phl3trustee.com, philaecf@gmail.com
 WILLIAM C. MILLER, Esq. ecfemails@phl3trustee.com, philaecf@gmail.com

TOTAL: 5

**UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF PENNSYLVANIA**

In re : Chapter 13
:
James J. Aquilino :
:
Debtor(s) : Bankruptcy No. 20-10213

NOTICE

To the debtor, debtor's counsel, trustee, and creditor Marpel Township;

NOTICE is hereby given that:

Pursuant to Federal Rules of Bankruptcy Procedure 3004 and 3005, you are hereby notified that a proof of claim in the amount of \$300.00 has been filed in your name by Robert Holber, Esq. on behalf of James J. Aquilino on July 8, 2020.

Dated: July 9, 2020

FOR THE COURT

TIMOTHY B. MCGRATH
CLERK

By: Paul A. Puskar
Deputy Clerk

cc:
Debtor
Counsel to Debtor
Trustee
Creditor

Fill in this information to identify the case:

Debtor 1	<u>James J. Aquilino</u>
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court for the: <u>EASTERN DISTRICT OF PENNSYLVANIA</u>	
Case number	<u>20-10213</u>

Official Form 410

Proof of Claim

04/19

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?

Marple Township

Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor _____

2. Has this claim been acquired from someone else?

No

Yes. From whom? _____

3. Where should notices and payments to the creditor be sent?

Marple Township

Name

c/o Jason J. Leininger, Esquire

Number Street

Portnoff Law Associates, LTD

Where should payments to the creditor be sent?
(if different)

Name

Number Street

Norristown PA 19404
City State ZIP Code

City State ZIP Code

Contact phone _____

Contact phone _____

Contact email _____

Contact email _____

Uniform claim identifier for electronic payments in chapter 13 (if you use one):

4. Does this claim amend one already filed?

No

Yes. Claim number on court claims registry (if known) _____

Filed on _____

MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?

No

Yes. Who made the earlier filing? _____

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor _____
7. How much is the claim?	\$300.00	Does this amount include interest or other charges? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
8. What is the basis of the claim?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information.	
Taxes		
9. Is all or part of the claim secured?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. The claim is secured by a lien on property. Nature of property: <input checked="" type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____	
Basis for perfection: Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)		
Value of property: \$307,100.00		
Amount of the claim that is secured: \$300.00		
Amount of the claim that is unsecured: \$0.00 (The sum of the secured and unsecured amounts should match the amount in line 7.)		
Amount necessary to cure any default as of the date of the petition: \$0.00		
Annual Interest Rate (when case was filed) <input type="checkbox"/> Fixed <input type="checkbox"/> Variable		
10. Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition: _____	
11. Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____	

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

- | |
|--|
| <input checked="" type="checkbox"/> No
<input type="checkbox"/> Yes. Check all that apply:
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). _____
<input type="checkbox"/> Up to \$3,025* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. _____
<input type="checkbox"/> Wages, salaries, or commissions (up to \$13,650*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4). _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(_____) that applies. _____ |
|--|

* Amounts are subject to adjustment on 4/01/22 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it.
FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both.
18 U.S.C. §§ 152, 157 and 3571.

Check the appropriate box:

- I am the creditor.
- I am the creditor's attorney or authorized agent.
- I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
- I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this Proof of Claim and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 7/7/20
MM / DD / YYYY


Signature

Print the name of the person who is completing and signing this claim:

Name	<u>Robert H. Holber, Esquire</u>		
	First name	Middle name	Last name
Title	<u>Counsel for Debtor</u>		
Company	<u>Law Office of Robert H. Holber, P.C.</u>		
	Identify the corporate servicer as the company if the authorized agent is a servicer.		
Address	<u>41 East Front Street</u>		
	Number	Street	

<u>Media</u>	<u>PA</u>	<u>19063</u>
City	State	ZIP Code

Contact phone (610) 565-5463 Email rholber@holber.com